



# 4 2633  
06-12-03  
S.I. +

PTO/SB/21 (modified)  
Approved for use through xx/xx/xx, OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/854,246		
	Filing Date	May 11, 2001		
	First Named Inventor	Laurence J. Newell		
	Group Art Unit Number	2633		
	Examiner Name	Jason Chan		
Total Number of Pages in This Submission	5 *	Attorney Docket Number	20852-05639	RECEIVED MAY 15 2003

ENCLOSURES (check all that apply)		Technology Center 2600
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal	
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson	
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ]	
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)	
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input checked="" type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>	
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>	
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>	
<input type="checkbox"/> Amendment/Response: [ ] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>	
<input type="checkbox"/> Status Request	<input type="checkbox"/>	
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>	

REMARKS: \* Does not include pages in references.

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Michael W. Farn, Reg. No. 41,015	Dated:	May 12, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Michael W. Farn	Dated:	May 12, 2003
Express Mail Mailing Number (optional):			